



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
CHILD CARE FACILITY  
INSPECTION REPORT**

|  |   |                   |  |                       |                      |
|--|---|-------------------|--|-----------------------|----------------------|
| REASON                                   |   | GRADE<br><br>N/A  | Inspection Date:   | ESTABLISHMENT NAME:   |                      |
| Regular                                  | ✓ |                   | 9/21/17  | URMENETA, ROSALINA A. |                      |
| Follow-Up                                |   |                   | Time In/Out:   | OWNER/OPERATOR:       |                      |
| Complaint                                |   |                   | 2:45 PM   3:15 PM  | URMENETA, ROSALINA A. |                      |
| Investigation                            |   | RATING<br><br>N/A | LOCATION: #123 LIMON -   | Establishment Type:   |                      |
| Other:                                   |   |                   | Sanitary Permit No.:<br>20000-170002188  | CITO CT, DEDEDU       | FAMILY DAY CARE HOME |
|  |   |                   | PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired |                       |                      |
| No. of Children: 0 Male 2 Female 2 Total |   |                   | Child Care License: No.: N/A / / Valid / / Provisional / / Expired   |                       |                      |

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:  
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name &amp; Title):

DEH Inspector (Name & Title): Rosalina A. Urmene

DEH Inspector (Name & Title):

J. GARCIA